

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

**See Instructions and *Privacy
Statement On Reverse Side**

Page _____ of _____ Pages

CLAIMANT'S NAME Patricia Olson		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT	
POSITION Director of Scientific Activities		CB/ID No.		DIVISION or BUREAU CIRM	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street		TELEPHONE NUMBER (415) 396-9238	
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco	STATE CA	ZIP CODE 94107

(1) MONTH/YEAR Mar 11	(2) DATE	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
3/20	10:30 14:00	San Francisco, CA & DC	238.43	✓	9.49	17.64	✓	68.00	T			9.95	343.51
3/21	8:50 15:41	Washington, DC	238.43	✓								9.95	248.38
3/22	19:02 13:55	Washington, DC			37.00					60.00	✓		97.00
													0.00
													0.00
													0.00
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													0.00
(10) SUBTOTALS			476.86	0.00	46.49	17.64	0.00	68.00		60.00	0	0.00	688.89
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

688.89 ✓

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Reimbursement for Pat Olson for:

1) March 20 - 22, 2011: Travel to Washington, DC to attend the NIH pluripotent Transnational early decision meeting. Lunch on 3/22 for Pat and a coworker.

20105030

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

0.51

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

3/23/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

3/23/11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE